Fill in this informati	on to identify your case:	
Debtor 1	Samuel L Jeter, Jr.	
Debtor 2 (Spouse, if filing)	Tami J Jeter	
United States Bank	kruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
_	2:16-bk-51193	Check if this is:
(If known)		An amended filing
Official For	rm 106l	A supplement showing postpetition chapter 13 income as of the following date: 4/06/2016 MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment				
1.	Fill in your employment information.		Debto	or 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with	Employment status	_	ployed	■ Employed
	information about additional employers.	Occupation	∐ No	t employed	☐ Not employed Claim Service Specialist
	Include part-time, seasonal, or self-employed work.	Employer's name	Capit	al City Staffing Solutions	State of Ohio Payroll Services
	Occupation may include student or homemaker, if it applies.	Employer's address		Broadway e City, OH 43123	attn: Bankruptcies 30 East Broad Street 30th Floor Columbus, OH 43215
	Char Dataile About Man	How long employed the	nere?	since March, 2016	27 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1,733.33 \$ 4,734.49

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 1,733.33 \$ 4,734.49

Official Form 106I Schedule I: Your Income page 1

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	tor 1 tor 2	Samuel L Jeter Tami J Jeter	, Jr.			Case	e number (if known)	2	2:16-bk-511	193	
						Fo	r Debtor 1		For Debtor	2 or	l
									non-filing s	spouse	
	Cop	y line 4 here		4.		\$_	1,733.33	-	\$4,	,734.49	
5.	List	all payroll deduct	ions:								
	5a.		and Social Security deductions	5a	a.	\$	479.05		\$	883.07	
	5b.		ributions for retirement plans	5b		\$	0.00	-		460.96	
	5c.		ibutions for retirement plans	50	Э.	\$	0.00	-	\$	0.00	
	5d.	Required repay	ments of retirement fund loans	50	d.	\$	0.00	-	\$	0.00	-
	5e.	Insurance		5€		\$	0.00		\$	227.15	
	5f.	Domestic suppo	ort obligations	5f		\$_	0.00	_	\$	0.00	=
	5g.	Union dues	0 " " " " " " " " " " " " " " " " " " "	50		\$_	0.00	-	\$	57.09	
	5h.		ns. Specify: medical flexible spending account	5r	1.+	\$_	0.00	-	\$	225.70	
		supplemental prepaid legal				\$_ \$	0.00	-	\$	25.05 16.45	-
		AFLAC	Services			\$-	0.00	-	·	102.40	-
6.	۸۵۵		ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		* - \$		-	·		
			v			· -	479.05	_		,997.87	-
7.	Cal	culate total month	ly take-home pay. Subtract line 6 from line 4.	7.		\$_	1,254.28	-	\$2,	,736.62	-
8.	List 8a.	Net income from profession, or f	regularly received: n rental property and from operating a business, arm ent for each property and business showing gross								
			y and necessary business expenses, and the total								
		monthly net inco		88	a.	\$	0.00		\$	0.00	
	8b.	Interest and div	idends	8b	ο.	\$	0.00		\$	0.00	-
	8c.		payments that you, a non-filing spouse, or a depende	∍nt				_			
		regularly receiv	e spousal support, child support, maintenance, divorce								
			property settlement.	80	.	\$	0.00		\$	0.00	
	8d.	Unemployment		80	d.	\$	0.00	_	\$	0.00	-
	8e.	Social Security	·	86	€.	\$	0.00	-	\$	0.00	-
	8f.	Include cash ass that you receive,	ent assistance that you regularly receive istance and the value (if known) of any non-cash assistar such as food stamps (benefits under the Supplemental nce Program) or housing subsidies.	nce 8f		\$	0.00		\$	0.00	
	8g.	Pension or retir	ement income	80	g.	\$	0.00	-	\$	0.00	
	8h.	Other monthly i	ncome. Specify:	8h	1.+	\$	0.00	+	\$	0.00	
9.	Add	I all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	0.00		\$	0.00)
10.	Cal	culate monthly inc	come. Add line 7 + line 9.	10.	\$		1,254.28 + \$		2,736.62	= \$	3,990.90
			10 for Debtor 1 and Debtor 2 or non-filing spouse.		· -		1,20 1120	_		' —	0,000.00
11.	Incli othe Do i	ude contributions fr er friends or relative	contributions to the expenses that you list in Schedo om an unmarried partner, members of your household, you is. bunts already included in lines 2-10 or amounts that are n	our depe			.,	,		e J. 	0.00
12.		e that amount on the	e last column of line 10 to the amount in line 11. The ne Summary of Schedules and Statistical Summary of Cel							\$	3,990.90
13.	Do :	you expect an inc	rease or decrease within the year after you file this fo	rm?						Combin monthly	ned y income
	_	Yes. Explain:	wife has a second part-time job in food service not been called in to work at this job since Der in the means testing form but not on Schedule but this work is no longer available to him. Hu testing form but not included on Schedule I.	cembe e I. Hu	er, t sba	ther and	efore the inco	m fo	e from this r Uber unti	job is i il Nove	included mber

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Debtor 1
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Debtor 2
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Debtor 3
Debtor 2
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Debtor 9
Debtor 9
Debtor 9
Debtor 1
Debtor 9
Deb

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Fill	in this information to identify your case	:				
Deb	otor 1 Samuel L Jeter, Jr.			Ch	eck if this is:	
					An amended filing	
	otor 2 Tami J Jeter					owing postpetition chapter of the following date:
(Spi	ouse, ii iiiiig)				4/06/2016	in the following date.
Unit	ted States Bankruptcy Court for the: SOU	THERN DISTRICT OF OHIO			MM / DD / YYYY	
	2:16-bk-51193 (nown)					
0	fficial Form 106J					
S	chedule J: Your Expe	enses				12/15
Be info	as complete and accurate as possik ormation. If more space is needed, a mber (if known). Answer every ques	le. If two married people ar				
	nt 1: Describe Your Household					
1.	Is this a joint case? ☐ No. Go to line 2.					
	Yes. Does Debtor 2 live in a sep	arata haysahald?				
	•	arate nousenoid?				
	■ No□ Yes. Debtor 2 must file Of	ficial Form 106J-2, <i>Expenses</i>	for Separate Housel	nold of De	ebtor 2.	
2.	Do you have dependents? ■ No					
	Do not list Debtor 1 and ☐ Ye		Dependent's relation		Dependent's	Does dependent
	Debtor 2.	each dependent	Debtor 1 or Debtor	2	age	live with you?
	Do not state the					□ No
	dependents names.					_ Yes
						□ No □ Yes
						_
						□ Yes
						□ No
_						_ Yes
3.	Do your expenses include expenses of people other than	■ No				
	yourself and your dependents?	☐ Yes				
Dar	rt 2: Estimate Your Ongoing Mon	thly Evnances				
Est exp	timate your expenses as of your ban penses as of a date after the bankrup plicable date.	kruptcy filing date unless y				
the	clude expenses paid for with non-case evalue of such assistance and have fficial Form 106l.)				Your ex	penses
•	•					
4.	The rental or home ownership exp payments and any rent for the ground		nclude first mortgage	4.	\$	826.00
	If not included in line 4:					
	4a. Real estate taxes			4a.	\$	0.00
	4b. Property, homeowner's, or ren			4b.		0.00
	4c. Home maintenance, repair, an			4c.		25.00
5.	4d. Homeowner's association or cAdditional mortgage payments for		me equity loans	4d. 5.	·	0.00 0.00
J.	Additional mortgage payments for	your residence, such as no	ino oquity idalis	J.	Ψ	0.00

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Utilities	:			
	ectricity, heat, natural gas	6a.	\$	150.00
	ater, sewer, garbage collection	6b.	\$	43.00
6c. Te	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d. O	ther. Specify: cell phone	6d.	\$	110.00
	ternet		\$	70.00
a	as		\$	180.00
	able		\$	100.00
	nd housekeeping supplies	7.	\$	615.00
	re and children's education costs	8.	\$	0.00
Clothin	g, laundry, and dry cleaning	9.	\$	50.00
	al care products and services	10.	\$	45.00
	and dental expenses	11.	\$	150.00
	ortation. Include gas, maintenance, bus or train fare.		· —	
	nclude car payments.	12.	\$	325.00
Entertai	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Charital	ole contributions and religious donations	14.	\$	0.00
Insuran				
	nclude insurance deducted from your pay or included in lines 4 or 20.			
15a. Li	fe insurance	15a.	\$	31.17
15b. H	ealth insurance	15b.	\$	0.00
15c. V	ehicle insurance	15c.	\$	160.73
15d. O	ther insurance. Specify:	15d.	\$	0.00
Taxes. If Specify:	Oo not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	ent or lease payments:			
	ar payments for Vehicle 1	17a.	·	0.00
17b. C	ar payments for Vehicle 2	17b.	\$	0.00
17c. O	ther. Specify:	17c.	\$	0.00
17d. O	ther. Specify:	17d.	\$	0.00
	yments of alimony, maintenance, and support that you did not report as		Ф	0.00
deducte	ed from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). ayments you make to support others who do not live with you.	10.	\$	
Specify:		19.	Φ	0.00
	eal property expenses not included in lines 4 or 5 of this form or on Scho		our Income	
	ortgages on other property	20a.		0.00
	eal estate taxes	20b.	· -	0.00
	roperty, homeowner's, or renter's insurance	20c.	·	0.00
	aintenance, repair, and upkeep expenses	20d.		0.00
	omeowner's association or condominium dues	20a.		0.00
		21.	· . ———	
Other: 9	· · · · · · · · · · · · · · · · · · ·			20.00
	are and oil changes		+\$	20.00
	s and hair care		+\$	20.00
pet foo	d and pet care		+\$	60.00
	te your monthly expenses			
	d lines 4 through 21.		\$	3,000.90
22b. Co	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add	d line 22a and 22b. The result is your monthly expenses.		\$	3,000.90
Calcula	te your monthly net income.			
	opy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,990.90
	opy your monthly expenses from line 22c above.	23b.	-\$	3,000.90
	ubtract your monthly expenses from your monthly income. ne result is your <i>monthly net income</i> .	23c.	\$	990.00
For exam modificati	expect an increase or decrease in your expenses within the year after year, do you expect to finish paying for your car loan within the year or do you expect you on to the terms of your mortgage?	ou file this r mortgage	s form? payment to incre	ease or decrease because of a
■ No.				

Fill in this information to identify your case:						
Debtor 1		Samuel L Jeter, Jr.				
Debtor 2	First Name Tami J Jeter	Middle Name	Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO			
Case number (if known)	2:16-bk-51193					

Check if this is an amended filling

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have that they are true and correct. X /s/ Samuel L Jeter, Jr. Samuel L Jeter, Jr. Signature of Debtor 1	read the summary and schedules filed with this declaration and X /s/ Tami J Jeter Tami J Jeter Signature of Debtor 2
Signature of Deblor 1	Signature of Debtor 2